

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101573,695

FILING DATE

APPLICANT/DO

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3			1				53						
4			1				54						
5			1				55						
6			1				56						
7			1				57						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		1		1								
TOTAL DEP.													
TOTAL CLAIMS	15												